

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>1-7-05</u>		2 Serial/Patent # <u>10/822,465</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Petition</td><td><u>N/A</u></td><td><u>10/12/04</u></td><td>\$ 130.00</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$	<input checked="" type="checkbox"/>	Petition	<u>N/A</u>	<u>10/12/04</u>	\$ 130.00		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND \$ 130.00			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Overpayment</td><td rowspan="3" style="width: 15%; vertical-align: middle; text-align: center;"> <input checked="" type="checkbox"/> </td> <td colspan="2" style="width: 35%;">8 TO BE REFUNDED BY:</td> </tr> <tr><td></td><td>Duplicate Payment</td><td colspan="2">Treasury Check</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>No Fee Due (Explanation):</td><td colspan="2">Credit Deposit A/C #:</td></tr> <tr> <td colspan="2" style="padding: 5px;"> <u>PTO lost the papers</u> </td> <td colspan="3" style="padding: 5px;"> 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table> </td> </tr> </table>			Overpayment	<input checked="" type="checkbox"/>	8 TO BE REFUNDED BY:			Duplicate Payment	Treasury Check		<input checked="" type="checkbox"/>	No Fee Due (Explanation):	Credit Deposit A/C #:		<u>PTO lost the papers</u>		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>			1	4	--	0	7	8	0	11 REFUND REQUESTED BY: <table style="width:100%; margin-top: 5px;"> <tr> <td style="width: 50%;">TYPED/PRINTED NAME: <u>Paul Shanowski</u></td> <td style="width: 50%;">TITLE: <u>Senior Attorney</u></td> </tr> <tr> <td>SIGNATURE: <u>Paul Shanowski</u></td> <td>PHONE: <u>571-272-3225</u></td> </tr> <tr> <td colspan="2">OFFICE: <u>Office of Petitions</u></td> </tr> </table>			TYPED/PRINTED NAME: <u>Paul Shanowski</u>	TITLE: <u>Senior Attorney</u>	SIGNATURE: <u>Paul Shanowski</u>	PHONE: <u>571-272-3225</u>	OFFICE: <u>Office of Petitions</u>																				
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>1/10/05</u>																																																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch
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